

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: http://www.honolulu.gov/ethics/

2019 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

THIS SPACE FOR OFFICE USE ONLY L

ETHIGS COMMISSION RESSIVED

38.13.19

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PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Barrett, Donna		
LOBBYIST FIRM/EMPLOYER (if applicable) Verizon Communications, Inc. and Its Affiliates		TELEPHONE 415-389-6800
MAILING ADDRESS (No. and Si	reet or P.O Box)	FAX 415-388-6874
c/o 2350 Kerner Blvd., Ste. 250		EMAIL verizon@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901

DADE II A OBOANIZATION			
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 415-389-6800 FAX 415-388-6874 EMAIL verizon@nmgovlaw.com	
Verizon Communications, Inc. and Its Affiliates			
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Blvd., Ste. 250			
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)	X N	ot Applicable
METHODS USED BY MEMBERS TO N	MAKE POLICY DECISIONS	X N	ot Applicable

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

NOTE: This is a public document.

☑Business & Economic Development	□Community S	Services	□Customer Services	□Customer Services	
☐Culture & Arts	□Housing		XPublic Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Health	n, Safety & Welfar	e Tourism	□Tourism	
			☐Specific Legislation: ☐Additional Sheet(s) Attached	3	
□Transportation	Zoning & Planning		Bill No(Year) Reso No Admin. Rule No Dept		
□Other (indicate below):					
PART IV LOBBYIST	CERTIFICATION	V			
I hereby certify that the foregoing statements are true and correct. LOBBYIST SIGNATURE 5/29/19 DATE		This By: NOTAR My co	Subscribed and sworn to before me This 29 day of Moy . 2019. By: May of Any Official Authorized to Administer Oaths My commission expires: Foliating 20, 2023		
	TION TO LODE	27.6			
PART V AUTHORIZA NAME Evann Whitelam	ATION TO LOBE	TITLE OF AUTH	ORIZING OFFICER OR PERSON Designated Agent for Filer		
NAME Evann Whitelam NAME OF ORGANIZATION	(if applicable)	TITLE OF AUTH REPRESENTED		CO S	
NAME Evann Whitelam	(if applicable) and Its Affiliates and Street or P.O Box)	TITLE OF AUTH REPRESENTED	Designated Agent for Filer TELEPHONE	MEREDITH M I HOMAS NOTATY PUBLIC OREGON COMMISSION NO. 984481 M COMMISSION POPRES FEBRUARY 20, 2023	

NOTE: This is a public document.



(Signature of Authorizing Officer or Person Represented)